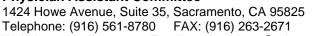


DEPARTMENT OF CONSUMER AFFAIRS

ADDRESS CHANGE P1 (REVISED 9/07)

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

Physician Assistant Committee





Website: www.pac.ca.gov Email: pacommittee@mbc.ca.gov

CHANGE OF ADDRESS FORM

This completed form should be mailed or faxed to the Physician Assistant Committee.

The address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence.

NOTE: To request a replacement wallet receipt with your new address of record, you must complete and submit a <u>Request for Duplicate</u> form with a \$10.00 processing fee.

NAME (PRINT	or TYPE)	TELEPHONE NUMBER	LICENSE NUMBER	DATE OF BIRTH	
			PA		
NEW ADDRESS OF	RECORD		1		
NUMBER	STREET	CITY	STATE	ZIP + 4	
	listed the law requires tha	nt you also provide a street addr	ess below under Confid	ential Address	
OLD ADDRESS O	F RECORD				
NUMBER	STREET	CITY	STATE	ZIP + 4	
CONFIDENTIAL AL	DDRESS (if required)				
NUMBER	STREET	CITY	STATE	ZIP + 4	
NOTE: Your confide	ential address will not be	released to the public.			
SIGNATURE			DATE:		